ANNEXURE-3

Application for the post ofin							
the Department ofon deputation basis at AIIMS,							
1.	Name and	address in				Affix here	
	BLOCK letters				recent		
						passport size	
2.	Father's Na	Father's Name					
3.	Date of Bir era)	irth (in Christian					
4.		irement under ate Governme					
5.		Educational i)					
	Qualification		ii)				
			iii)				
			iv)				
6.	qualificatio	ther educational and other qualifications required for the post are satisfied (if any ification has been treated as equivalent to the one prescribed in the rules, state the ority for the same).					
			Required	Possessed by the Applicant			
	Essential						
	Desirable						
7.				n the light of entries made requirements of the post			

8.		Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space insufficient.							
	S. No	Name of the Office/Institute/Organization)	Post Held	Duration of Experience		Total Duration of Experience	Pay-band and Grade pay (Scale of Pay if in pre-	Nature of Duties	
				From	То	Year(s), Month(s), day(s)	revised scale of pay)		
	1.								
	2.								
	3.								
-	4.								
	5.								
Total work experience in required Grade Pay:			Month(s)						

9. Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent)						
10. In case the present employment is held on deputation/contract basis, Please state: (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent office/organization to which you belong	In case the present employment is held on deputation/contract basis, Please state: (a) the date of initial appointment (b) period of appointment on deputation/contract (c) name of the parent					
Additional details about present employment please state whether working under: (a)Central Government (b)State Government (c)Autonomous Organization (d)Government undertaking (e)University						
12. Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale.						
13. Total emoluments per month now drawn.	Total emoluments per month now drawn.					
14. Additional information, if any which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is Insufficient.						
15. Whether belongs to SC/ST/OBC (if yes, please specify)	Whether belongs to SC/ST/OBC (if yes, please specify)					
16. Cont act 1) Office						
Nos. 2) Residence						
3) Mobile						
4) E-mail address						
17. If selected, specify the minimum required joining time						
Signature of the Candidate	Candidate's Address:					
Date:						
Countersigned:						
[Employer/Authorized Officer]						